

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008066

FILED
Aug 17, 2007
Secretary of State

Entity Name: KIWANIS CLUB OF TARPON SPRINGS, FLORIDA, INC.

Current Principal Place of Business:

1205 N FLORIDA AVE
C/O DANIEL G AMEND
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

903 LYNNLEA LN
C/O ELIZABETH JOHNSON
TARPON SPRINGS, FL 34689 US

New Mailing Address:

1205 N FLORIDA AVE
TARPON SPRINGS, FL 34689 US

FEI Number: 03-0518832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AMEND, DANIEL G MR
1205 N FLORIDA AVE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMEND, DANIEL G MR
Address: 1205 N FLORIDA AVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: S () Delete
Name: JOHNSON, ELIZABETH MS
Address: 903 LYNNLEA LN
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: T () Delete
Name: PRATT, JAMES C MR
Address: 409 ULELAH AVE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: P-E (X) Delete
Name: WATTS, MARY MS
Address: 2107 PORTOFINO PL APT 3012
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WATTS, MARY MS
Address: 2107 PORTOFINO PL APT 3012
City-St-Zip: PALM HARBOR, FL 34683 US

Title: S (X) Change () Addition
Name: JOHNSON, EDWARD MR
Address: C/O AMEND 1205 N FLORIDA AVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY WATTS

P

08/17/2007

Electronic Signature of Signing Officer or Director

Date